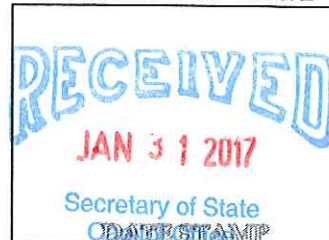


Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report

Name of Candidate John Glen Corley  
 Address 545 Otto Davis Rd, Lambert County Pearl River  
 Telephone 601-818-5205 Fax \_\_\_\_\_  
 Office Sought State Representative 106 Email Address jcorley@house.ms.gov



☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory  
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

\_\_\_\_ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

**IMPORTANT**

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4,000. <sup>00</sup> - 0 -	\$ 4,000. <sup>00</sup>	\$ 16,641. <sup>00</sup>
Total amount of disbursements	\$ 1,948. <sup>42</sup> - 0 -	\$ 1,948. <sup>42</sup>	\$ 12,857. <sup>16</sup>
Total amount of cash on hand		\$ 3,783. <sup>84</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

John Glen Corley  
Signature of Candidate

Jan 31, 2017  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee

John Glen Corley

Reporting period

through

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Judge Lucas</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>1,500.00</u>
Mailing Address		
<u>Parvis, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,500.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Picayune Item</u>	<u>11</u> / <u>22</u> / <u>16</u>	\$ <u>448.42</u>
Mailing Address		
<u>PO Box 580</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		
<u>Picayune, MS 39466</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>448.42</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		
	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee John Glen Corley  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Manufactured Housing</u>	<u>11/25/16</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 320369</u>	<u>11/25/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39232-0369</u>	<u>11/25/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/25/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Corporate Relations Management</u>	<u>11/26/16</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 84</u>	<u>11/26/16</u>	\$ _____
City, State, Zip Code <u>Canton, MS 39046-0084</u>	<u>11/26/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/26/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company</u>	<u>12/16/16</u>	\$ <u>400.00</u>
Mailing Address <u>State PAC</u>	<u>12/16/16</u>	\$ _____
City, State, Zip Code <u>PO Box 4379, Gulfport, MS 39502</u>	<u>12/16/16</u>	\$ _____
Name of Employer (Required) _____	<u>12/16/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Koch Industries Inc.</u>	<u>12/14/16</u>	\$ <u>500.00</u>
Mailing Address <u>4111 East 37th St North</u>	<u>12/14/16</u>	\$ _____
City, State, Zip Code <u>Wichita, KS 67220</u>	<u>12/14/16</u>	\$ _____
Name of Employer (Required) _____	<u>12/14/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Glen Corley  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Roger H. Ogden</u>	<u>12/13/16</u>	\$ <u>250.00</u>
Mailing Address <u>460 Broadway St</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>New Orleans, LA 70118-3553</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss Assn of Realtors</u>	<u>12/19/16</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 321000</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232-1000</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss Manufacturers Association</u>	<u>12/13/16</u>	\$ <u>250.00</u>
Mailing Address <u>720 N President St</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss Bankers Association</u>	<u>12/13/16</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 1091</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee John Glen Corley  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Truck. PAC</u>	<u>12/15/16</u>	\$ <u>250.00</u>
Mailing Address <u>825 North President Street</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Mississippi PAC</u>	<u>12/20/16</u>	\$ <u>400.00</u>
Mailing Address <u>111 East Capital Street Suite 6030</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee For Clean Environment &amp; Fair Tax</u>	<u>12/27/16</u>	\$ <u>250.00</u>
Mailing Address <u>3000 N State Street</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39216</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>